



# State of New Hampshire 2006 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2006

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/13/2006

Business ID: 494970

William M. Gardner  
Secretary of State

SRI

150 CALIFORNIA STREET SUITE 200,  
SAN FRANCISCO, CA 94111

ADDRESS OF PRINCIPAL OFFICE:

150 CALIFORNIA STREET SUITE 200,  
SAN FRANCISCO, CA 94111

REGISTERED AGENT AND OFFICE:

NATIONAL REGISTERED AGENTS, INC.  
INC. , 63 PLEASANT STREET  
CONCORD , NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 494970

STATE OF DOMICILE: CALIFORNIA

FEDERAL ID: 000000000

TO CONDUCT MORTGAGE BROKERING & LENDING

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. Oren Raphael

STREET 100 Bush Street, Suite 1650

CITY/STATE/ZIP San Francisco Ca 94104

TREAS. Oren Raphael

STREET 100 Bush Street, Suite 1650

CITY/STATE/ZIP San Francisco Ca 94104

SEC'Y. Oren Raphael

STREET 100 Bush Street, Suite 1650

CITY/STATE/ZIP San Francisco Ca 94104

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Oren Raphael

STREET 100 Bush Street, Suite 1650

CITY/STATE/ZIP San Francisco Ca 94104

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

OREN RAPHAEL

Please print name and title of signer:

OREN RAPHAEL

/

PRESIDENT

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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